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(Revised 06/2012)

FORM 1			ORGAN	IZATI	ON					0"					
1. NAME OF COMMITTEE (in	ı full)		(Check if name is changed)		ample: If typi er the lines.	ing, type	1	2FE	4M5	Office	e Use C	niy			_
BARRASS	O-PRI	CE C	OMMIT	TEE		1 1 1 1	1 1	1 1	1 1	ı	1 1 1	ı	1 1	1 1	I
															_
ADDRESS (number a	nd street)	901 N \	Washington St, S	Suite 700											_
X ◀ (Check if a is changed		1	1 1 1 1 1				1 1	1 1	1 1	ı	1 1 1	i I	1 1	1 1	
is changed	<i>1</i>)	Alexan	ndria				l L	VA TATE	L	22314		- <u>z</u> ip c	ODE 4		_
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed			kochandhoos												
		Optiona	al Second E-Ma	all Address										<u> </u>	
COMMITTEE'S WEB (Check if a is changed	address	DRESS (I	JRL)												
2. DATE	M / D 14	D / Y	2013												
3. FEC IDENTIFIC	CATION NU	JMBER	▶ C	C005129	988										
4. IS THIS STATEM	MENT X	NE\	W (N) OI	R [AMEN	NDED (A)									
I certify that I have e	examined th	is Staten	nent and to the	best of my	knowledge	and belief	f it is tr	ue, co	orrect	and c	omplet	ie.			
Type or Print Name o	of Treasurer	Timoth	ny A. Koch												_
Signature of Treasure	er <i>Timotl</i>	hy A. Koch			[Electronica	ully Filed]	Dat	e	10	1	14] ′ [20′		Υ
NOTE: Submission of			ncomplete informa							the pe	nalties	of 2	U.S.C.	§437	g.
Office Use					For further Federal Elec			t:		F	EC I	FOF	RM 1		_

Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	
П	committees/organizations, none of which is an authorized committee of a federal candidate.	·
Con	nmittees Participating in Joint Fundraiser	
1.)436386
2.	PRICE FOR CONGRESS FEC ID number C COO	386755
3.		
4		

Write or Type Committee Name BARRASSO-PRICE COMMITTEE 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons CUSTO CUSTO IN Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name Mailing Address Alexandria VA 22314 Alexandria VA 22314 Title or Position CITY STATE ZIP CODE	FFC Form 1	(Revised 02/2009)	 Page 3
BARRASSO-PRICE COMMITTEE 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Relationship: CITY STATE ZIP CODE Timothy A. Koch Alexandria VA 22314 Alexandria VA 22314 Title or Position CITY STATE ZIP CODE Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Timothy A. Koch Of Treasurer Timothy A. Koch Of Treasurer Timothy A. Koch Alexandria VA 22314			i age 3
NONE Mailing Address Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Spons NONE CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Full Name Alexandria VA 22314 Title or Position CITY STATE ZIP CODE Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer: Timothy A. Koch of Treasurer Mailing Address Mailing Address Mailing Address Mailing Address			
Mailing Address City State Zip Code			dership PAC Sponsor
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC State Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Timothy A. Koch Full Name 901 N Washington St, Suite 700 Mailing Address OTREASURER: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Timothy A. Koch of Treasurer Mailing Address 101 N Washington St, Suite 700 Mailing Address 102 Treasurer Telephone number Total - 299 - 86 Treasurer Timothy A. Koch of Treasurer Mailing Address 103 - 299 - 86 Mailing Address 104 N Washington St, Suite 700	-		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC St. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of combooks and records. Timothy A. Koch Full Name 901 N Washington St, Suite 700 Mailing Address Alexandria VA 22314 Title or Position CITY STATE ZIP CODE Treasurer Telephone number 703 - 299 - 85 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name Timothy A. Koch of Treasurer Mailing Address PO1 N Washington St, Suite 700 Alexandria VA 22314			
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Timothy A. Koch Full Name 901 N Washington St, Suite 700 Mailing Address Alexandria VA 22314 Title or Position CITY STATE ZIP CODE Treasurer Telephone number 703 - 299 - 85 Telephone number Telephone number Telephone number Timothy A. Koch of Treasurer Mailing Address 1001 N Washington St, Suite 700 Mailing Address Poll Name of Treasurer Mailing Address Mailing Address Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Full Name Mailing Address 901 N Washington St, Suite 700 Alexandria VA 22314 Title or Position CITY STATE ZIP CODE Treasurer Telephone number 703 299 85 Telephone number Telephone number Total the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address Pol N Washington St, Suite 700 Mailing Address Alexandria			possession of committee
Mailing Address 901 N Washington St, Suite 700		Timothy A. Koch	, , , , , , , , , l
Alexandria CITY STATE ZIP CODE Treasurer Telephone number Telephone number Timothy A. Koch of Treasurer Mailing Address PO1 N Washington St, Suite 700 Alexandria VA 22314 Telephone number Timothy A. Koch of Treasurer Mailing Address PO1 N Washington St, Suite 700 Alexandria VA 22314 Alexandria		901 N Washington St, Suite 700	
Title or Position CITY STATE ZIP CODE Treasurer Telephone number Telephone num	ividility Address		
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 901 N Washington St, Suite 700 Alexandria VA 22314 Alexandria		Alexandria VA 223	14
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 901 N Washington St, Suite 700 Alexandria VA 22314 Alexandria			
Telephone number Telephone nu	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name Timothy A. Koch of Treasurer Mailing Address 901 N Washington St, Suite 700	Treasurer	Telephone number 703	299 - 8571
of Treasurer Mailing Address 901 N Washington St, Suite 700 Alexandria VA 22314 _			e name and address of
Mailing Address 901 N Washington St, Suite 700 Alexandria VA 22314		Timothy A. Koch	1
Alexandria VA 22314		901 N Washington St, Suite 700	
	Mailing Address		
		ι Δlevandria	4
SIAL ZIF CODE			
Title or Position Treasurer 703 299 85		, 703	

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Full Name of Designated	Theodore V. Koch	 , , , , , , . 1
Agent	901 N Washington St, Suite 700	
Mailing Address		
	Alexandria , VA , 22314	
		P CODE
Title or Position Assistant Treasu	rer Telephone number 703 – 299	9 8570
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds. Depository, etc. Bank of America	ccounts, rents
Mailing Address	600 N Washington St	
	Alexandria VA 22314	
	CITY STATE ZI	P CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE ZI	P CODE